

**AMERIGROUP/SUNFLOWER/UNITEDHEALTHCARE CRITERIA FOR PRIOR AUTHORIZATION**

Initial Approval: April 10, 2013

**Trientine**

**PROVIDER GROUP** Pharmacy

**MANUAL GUIDELINES** The following drug(s) require prior authorization:  
Trientine (Syprine®)

**CRITERIA FOR APPROVAL:** (must meet all of the following)

- Patient must be  $\geq 2$  years of age
- Patient must have a diagnosis of Wilson's disease
- Patient has an intolerance to penicillamine

**LENGTH OF APPROVAL** 3 months